

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001477

Entity Name: APALACHICOLA BAY AND RIVER KEEPER, INC.**Current Principal Place of Business:**232-B WATER STREET
APALACHICOLA, FL 32320**Current Mailing Address:**P.O. BOX 8
APALACHICOLA, FL 32329**FEI Number:** 59-3550426**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TONSMEIRE, DANIEL L
232-B WATER STREET
APALACHICOLA, FL 32320 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	CARBONE, JACK
Address	PO BOX 973
City-State-Zip:	EASTPOINT FL 32328

Title	DIRECTOR
Name	LISTER, MICHAEL
Address	P.O. BOX 1130
City-State-Zip:	WEWAHITCHKA FL 32465

Title	PRESIDENT
Name	HERZOG, TOM
Address	P.O. BOX 1106
City-State-Zip:	CARRABELLE FL 32322-1106

Title	SECRETARY
Name	HARTMAN, BRADLEY
Address	155 PARADISE RD
City-State-Zip:	HAVANA FL 32333

Title	TREASURER
Name	MORAN, CHRIS
Address	1311 N PAUL RUSSELL RD STE B203
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	ASHLEY, DON
Address	P.O. BOX 430
City-State-Zip:	SOPCHOPPY FL 32358

Title	VICEPRESIDENT
Name	ACKERMAN, GEORGIA
Address	8974 MEGANS LANE
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	WILLIAMS, JERRY
Address	PO BOX 577
City-State-Zip:	APALACHICOLA FL 32329

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM HERZOG**PRESIDENT****04/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name INZETTA, JOHN
Address 290 N BAYSHORE DR
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name ESTES, JOYCE
Address PO BOX 585
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name FOSTER, EVAN
Address 4412 LAFAYETTE ST
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR
Name SANDERS, BARBARA
Address 215 W 12TH ST
City-State-Zip: ST GEORGE ISLAND FL 32328

Title DIRECTOR
Name DIAMOND, CRAIG
Address 405 INGLEWOOD DR
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name MIDDLEMAS, JOHN ROBERT
Address 718 BUNKERS COVE RD
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name TAYLOR, C. CHADWICK
Address PO BOX 315
City-State-Zip: GREENWOOD FL 32443